

**STATE OF KANSAS
OFFICE OF ATTORNEY GENERAL DEREK SCHMIDT**

BAIL ENFORCEMENT AGENT LICENSING

UNLICENSED ACTIVITY FORM

Mail to:
Bail Enforcement Agent Licensing
Office of Attorney General
120 SW 10th Ave
Topeka, Kansas 66612-1597

1. Name of person and/or agency engaging in activities as a bail enforcement agent without a Kansas license.

Name _____
(Last name, First Name)

Agency Name _____
(if applicable)

Address _____
(Full Street address)

(City) (State) (Zip code)

Phone _____
(area code, number & extension)

2. Name of person providing the information:

Name _____
(Last name, First Name)

Address _____
(Full Street address)

(City) (State) (Zip code)

Phone _____
(area code, number & extension)

3. **DETAILS OF UNLICENSED ACTIVITY:** As fully as possible, provide details concerning the unlicensed activity, including any dates, locations, other specifics. Also include names, addresses, and phone numbers of any other persons who may have knowledge of the incident(s). Please specify your relationship to this person, e.g., client, employer, employee, etc. Use extra pages if necessary. *Attach copies of any documents, which support your statement.*

4. As part of an investigation into this matter, the Office of Attorney General may require the person to respond to your allegations(s). While we cannot promise anonymity, is there a reason why you would not want this person to be informed of your identity? Check one: () yes () no. If you checked “yes, please explain:

5. Will you willingly testify in a hearing before the Attorney General or her designee should formal disciplinary proceedings be initiated? Check one: () yes () no. If you checked “no”, please explain:

Signature: _____

Date: _____